

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 532512001000	
In re Application of Gregory M. LANZA et al.			
Application Number 10765,299		Filed January 26, 2004	
For CHELATING AGENTS WITH LIPOPHILIC CARRIERS			
Art Unit 1614		Examiner Not Yet Assigned	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|----------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ 420.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 210.00
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952
- ~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 29,959
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

August 6, 2004
Date

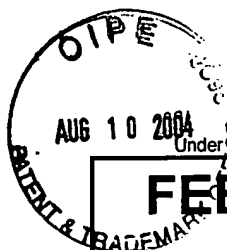
(858) 720-5112
Telephone Number

Kate H. Murashige
Signature

Kate H. Murashige
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input checked="" type="checkbox"/> Total of 1 forms are submitted.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	10/765,299	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 26, 2004	
		First Named Inventor	Gregory M. LANZA	
		Examiner Name	Not Yet Assigned	
TOTAL AMOUNT OF PAYMENT (\$)		275.00	Attorney Docket No.	532512001000
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)		Fee Code Fee (\$)		
1001 770 2001 385		Utility filing fee		
1002 340 2002 170		Design filing fee		
1003 530 2003 265		Plant filing fee		
1004 770 2004 385		Reissue filing fee		
1005 160 2005 80		Provisional filing fee		
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 23 -23** =		Extra Claims Fee from below Fee Paid		
Independent Claims 1 -3** =		x = 0.00		
Multiple Dependent		x = 0.00		
Large Entity Small Entity				
Fee Code Fee (\$)		Fee Code Fee (\$)		
1202 18 2202 9		Claims in excess of 20		
1201 86 2201 43		Independent claims in excess of 3		
1203 290 2203 145		Multiple dependent claim, if not paid		
1204 86 2204 43		** Reissue independent claims over original patent		
1205 18 2205 9		** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above				
		Other fee (specify)		
		*Reduced by Basic Filing Fee Paid		
		SUBTOTAL (3) (\$)		
		275.00		
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Kate H. Murashige		Registration No. (Attorney/Agent) 29,959		
Signature		Telephone (858) 720-5112		
		Date August 6, 2004		